

## Cherry Tree Lodge Private Retirement Home Limited

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### Inspection report

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### Ratings

#### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Cherry Tree Lodge provides accommodation, personal care and support for up to 31 older people in one adapted building. At the time of the inspection there were 18 people in residence.

### People's experience of using this service

At our last inspection we found breaches of regulations because the provider was failing to manage policy and practice related to infection control; specifically, the response to Covid-19. The restrictive nature of the providers response to Covid-19 had raised further issues and breaches of regulation around the home's admission procedures, compliance with the Mental Capacity Act (MCA) 2005 and Human Rights issues.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulations.

People we spoke with and their relatives told us they felt safe in the home and liked living there. People were relaxed and told us staff supported them well. One relative commented. "I can't fault them. Really good. Cherry tree is very homely, and staff are very kind."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. This was an improvement from the last inspection.

Arrangements were in place for checking the environment to ensure it was safe in relation to infection control and the threat of Covid-19. We found the policies and procedures in place had been developed and improved since the last inspection and were following current national guidance; for example, with regard to personal protective equipment (PPE) and testing for Covid-19.

We found a positive attitude from managers who were much more open and accessible to external advice from professional and regulatory bodies. The information shared by the provider and managers in their communications to people and relatives had improved and was consistent in following best practice guidelines.

People felt the care staff had the skills and approach needed to help ensure they were receiving the right care. Staff we spoke with felt, overall, they had been supported by the managers at the home and they enjoyed working at Cherry Tree Lodge.

### Rating at last inspection:

The last rating for this service was Good (published 26 March 2019).

We did, however, carry out a targeted inspection on 23 June 2020 to follow up on specific concerns, where

we did not rate the service. There were multiple breaches of regulation and we took enforcement action and told the provider to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

We undertook this targeted inspection to check whether the enforcement action we previously took in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous comprehensive inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> Inspected but not rated	<b>Inspected but not rated</b>
<b>Is the service effective?</b> Inspected but not rated	<b>Inspected but not rated</b>
<b>Is the service caring?</b> Inspected but not rated	<b>Inspected but not rated</b>
<b>Is the service well-led?</b> Inspected but not rated	<b>Inspected but not rated</b>

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## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider was meeting requirements in specific areas of concern; the requirements of the Mental Capacity Act 2005, infection control with reference to Covid-19, aspects of people's dignity and human rights and the overall governance and management of the service.

#### Inspection team

The inspection was undertaken by an adult social care inspector who visited the service and made supplementary phone calls to relatives of people living at Cherry Tree Lodge.

#### Service and service type

Cherry Tree Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and specific aspects of these were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We announced the inspection at very short notice; this was to have some preliminary discussion around the use of Personal Protection Equipment (PPE) on inspection. The inspection took place on 8 January 2021.

#### What we did

Our planning considered information the provider had sent us since the last inspection. This included evidence to meet the various breaches of regulation, information about incidents the provider must notify us about, such as abuse or other concerns and information about how the provider was managing Covid19.

We obtained information from the local authority commissioners and other professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people using the service and two family members to ask about their experience of care. We also spoke with one of the two registered managers and four members of care staff.

We looked at specific aspects of two people's care records and a selection of other records including records relating to the MCA 2005 and Deprivation of Liberty Safeguards (DOLS), policies and procedures for infection control, information supplied to people, such as newsletters, and training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last comprehensive inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about and needed to follow up.

At the last targeted inspection, the provider was found in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they failed to effectively manage infection control and the management of Covid-19.

We will assess all of the key question at the next comprehensive inspection of the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# Is the service effective?

## Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last comprehensive inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

At the last targeted inspection, the provider was found in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had failed to comply with the MCA 2005 or provide staff training in relation to Covid-19.

We will assess all of the key question at the next comprehensive inspection of the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered managers and staff had undergone training to increase and raise awareness of the MCA and Code of Practice and were now confident in the understanding and application around consent to treatment. This was an improvement.
- The registered managers and staff had undergone training in the management of Covid-19.
- We were reassured about the information currently being accessed by people and relatives regarding the whole home swabbing initiative for Covid-19 and the consent issues around this. There was accessible information for people to make an informed choice. This was an improvement.
- Information sent to relatives, through the provider's newsletter, gave appropriate and up to date information based on government guidance.
- People and relatives told us they felt informed and up to date and had confidence in the staff's approach to issues around informed consent. One relative said, "They have put residents at the heart of what they do



and have done their best to try and maintain contact."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

At the last targeted inspection, the provider was found in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a failure to comply with care standards that supported people's privacy, dignity and respect.

We will assess all of the key question at the next comprehensive inspection of the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People we spoke with and their relatives felt they were treated with kindness and were positive about the caring attitudes of staff in the daily running of the home. One relative commented, "I can't fault them. Cherry Tree is very homely, and staff are very kind."
- The policies and procedures had been updated to ensure people's Human Rights were upheld and people had been treated with respect or dignity. This included people's right to return to Cherry Tree Lodge following admission to hospital. This was an improvement.
- The registered managers communicated with the relatives of people living in the home with a series of newsletters and emails about the ongoing Covid19 situation. The newsletters helped relatives to be involved in the home and contained appropriate information delivered in a supportive way. This was an improvement.
- Since the last inspection the provider had taken particular care to develop visiting arrangements for relatives to see their loved ones and maintain contact. Initially this had been through garden visits and more recently by setting up an indoor visiting 'pod' with an intercom system. This meant people could have arranged visits.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last comprehensive inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

At the last targeted inspection, the provider was found in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we specific concerns about the culture and leadership of the home and the managers failure to respond to feedback and develop the service policies and procedures around Covid-19.

We will assess all of the key question at the next comprehensive inspection of the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

### Continuous learning and improving care

- The operational culture of the home had improved. The managers were open and responsive to feedback and had developed the service positively. This was an improvement.
- The service had improved and was open and accessible to external advice and to engage positively with external stakeholders such as the Local Authority and infection control officers.
- Following the last inspection managers had been prompt and responsive in sending evidence to us [The Care Quality Commission] to meet the requirements of the breaches in regulation. This showed a good level of reflection and willingness to make positive change for the benefit of the people living at Cherry Tree Lodge.
- The services policies and practices had been updated and were now in line with current national policy around management of Covid-19, for example, management of risk which takes account of people's Human Rights.
- People and their relatives told us the managers were very approachable. One relative said, "[Registered manager] has a good approach and is always available."

### Working in partnership with others

- The registered managers were aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.
- The evidence from key stakeholders such as the Local Authority (LA) and Clinical Commissioning Group (CCG) following the last inspection was much more positive. We were told by the Local Authority, "[Registered Manager] is much more likely to make contact for clarification on certain things and I understand regular testing [for Covid-19] continues to take place."

